REPORT - HIPAA 820 to AFRS Batch I/F mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Payment Order/Remittance Advice						Sponsors are DSHS Admins sending premiums outbound to HMOs	Translation
	ST	**820 Header**		**R**					
	ST 01	Transaction Set Identifier Code	ID3	R				Hard code "820"	Translation
	ST 02	Transaction Set Control Number	AN9	R				Generate a sequence number for each ST-SE in a batch.	Translation
	BPR	**Financial Information**		**R**				Use BPR05+ only if doing EFT (BPR04="ACH")	Translation
	BPR01	Transaction Handling Code	ID2	R				Hard code "P"=pre-notify to test; else "I"	Translation
	BPR02	Total Premium Payment Amount	R18	R				Compute sum of all actual paid amounts in this transaction (sum of all RMR04)	Translation
	BPR03	Credit or Debit Flag Code	ID1	R				Hard code "C"	Translation
	BPR04	Payment Method Code	ID3	R				If blank, use "CHK", if "P", use "NON, else "ACH"	Translation
	BPR05	Payment Format Code	ID10	S				Required if EFT.	HIPAA Required
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	ID2	S				Hard code "01"-U.S. Banks	Translation
	BPR13	Receiving Depository Financial Institution (DFI) Identifier	AN12	S	AFRS-batch-trans	DFI-ROUTING-NUMBER			
	BPR14	Account Number Qualifier	ID3	S	AFRS-batch-trans	ACCOUNT-TYPE		Convert local codes to standard codes	Map Codes

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
	BPR15	Receiver Bank Account Number	AN35	S	AFRS-batch-trans	DFI-ACCOUNT-NUMBER			
	BPR16	Check Issue or EFT Effective Date	DT8	R	AFRS-batch-trans	WARRANT-ISSUE-DATE		Required	HIPAA Required
	TRN	**Reassociation Key**		**R**				check # & ACH # only in Financial Services as warrant number	HIPAA Required
	TRN01	Trace Type Code	ID2	R				Hard code "1"	Translation
	TRN02	Check or EFT Trace Number	AN30	R	AFRS-batch-trans	WARRANT-NUMBER		If BPR04="NON" generate unique ID across all remittance advices; if BPR04="CHK" use check number; if BPR04="EFT" use ACH number	HIPAA Required
	TRN03	Originating Company Identifier	AN10	S				Same as BPR10, in case different payers use the same TRN02 numbers	Translation
	CUR	**Non-US Dollars Currency**		**S**					
	REF	**Premium Receivers Identification Key**		**S**					
	REF01	Reference Identification Qualifier	ID3	R				Hard code "14"-master account number (HMO's ID for sponsor's contract)	Translation
	REF02	Premium Receiver Reference Identifier	AN30	R				Need to obtain HMO's ID for sponsor's contract via contract managers	HIPAA Required
	DTM	**Process Date**		**S**					
	DTM	**Delivery Date**		**S**					
	DTM	**Coverage Period**		**S**				Required if not paying an invoice	HIPAA Required
	DTM01	Date Time Qualifier	ID3	R				Hard code "582"-report period	Translation
	DTM05	Date Time Period Format Qualifier	ID3	R				Hard code "RD8"	Translation
1000A	*N 1*	*Premium Receiver's Name*		*R*					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	**N 1**	**Premium Receiver's Name**		**R**					
1000A	N 101	Entity Identifier Code	ID3	R				Hard code "PE"-payee	Translation
1000A	N 102	Information Receiver Last or Organization Name	AN60	S	AFRS-batch-trans	VENDOR-NAME			
1000A	N 103	Identification Code Qualifier	ID2	S				Send "FI" with federal tax ID or "EQ" with payer's ID for vendor. Only a place for one.	System Questions
1000A	N 104	Receiver Identifier	AN80	S	AFRS-batch-trans	TAXPAYER-ID-NO		no place to also send VENDOR_NUMBER-Admin's ID for provider. Need a place for add'l ID.	HIPAA Questions
1000A	N 104	Receiver Identifier	AN80	S	AFRS-batch-trans	VENDOR-NO		no place to also send VENDOR_NUMBER-Admin's ID for provider. Need a place for add'l ID.	HIPAA Questions
1000A	N 104	Receiver Identifier	AN80	S	AFRS-batch-trans	VENDOR-SUFFIX		no place to also send VENDOR_NUMBER-Admin's ID for provider. Need a place for add'l ID.	HIPAA Questions
1000A	**N 2**	**Premium Receiver Additional Name**		**S**					
1000A	**N 3**	**Premium Receiver's Address**		**S**					
1000A	N 301	Receiver Address Line	AN55	R	AFRS-batch-trans	VENDOR-ADDR-1			
1000A	N 302	Receiver Address Line	AN55	S	AFRS-batch-trans	VENDOR-ADDR-2			
1000A	N 302	Receiver Address Line	AN55	S	AFRS-batch-trans	VENDOR-ADDR-3			
1000A	**N 4**	**Premium Receiver's City, State, Zip**		**S**					
1000A	N 401	Information Receiver City Name	AN30	R	AFRS-batch-trans	VENDOR-CITY			
1000A	N 402	Information Receiver State Code	ID2	R	AFRS-batch-trans	VENDOR-STATE			

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	N 403	Information Receiver Postal Zone or ZIP Code	ID15	R	AFRS-batch-trans	VENDOR-ZIP			
1000B	*N 1*	*Premium Payer's Name*		*R*					
1000B	**N 1**	**Premium Payer's Name**		**R**					
1000B	N 101	Entity Identifier Code	ID3	R				Hard code "PR"-payer	Translation
1000B	N 102	Premium Payer Name	AN60	S				Hard code "WA DSHS <admin>"	Translation
1000B	N 103	Identification Code Qualifier	ID2	S				Hard code "XV" when PlanID used; else "FI"-federal tax ID	Translation
1000B	N 104	Premium Payer Identifier	AN80	S	AFRS-batch-trans	ORG		Hard code sponsor's National PlanID when used; else federal tax ID	HIPAA Required
1000B	**N 2**	**Premium Payer Additional Name**		**S**					
1000B	**N 3**	**Premium Payer's Address**		**S**					
1000B	N 301	Premium Payer Address Line	AN55	R				Hard code sponsor's address	Translation
1000B	**N 4**	**Premium Payer's City, State, Zip**		**S**					
1000B	N 401	Premium Payer City Name	AN30	R				Hard code sponsor's address	Translation
1000B	N 402	Premium Payer State Code	ID2	R				Hard code sponsor's address	Translation
1000B	N 403	Premium Payer Postal Zone or ZIP Code	ID15	R				Hard code sponsor's address	Translation
1000B	**PER**	**Premium Payer's Administrative Contact**		**S**				Put optional sponsor contact in case needed by premium receiver.	Nice to Have
1000B	PER01	Contact Function Code	ID2	R				Hard code "IC"	Translation
2000A	*ENT*	*Organization Summary Remittance*		*S*				If sending a premium without member details, just sent one loop with the totals.	Processing Logic

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000A	ENT	**Organization Summary Remittance**		S				"Organization" = sponsor	Translation
2000A	ENT01	Assigned Number	N06	R				hard code "1"-one loop with totals	Translation
2000A	ENT02	Entity Identifier Code	ID3	R				Hard code "2L"-summary payment only	Translation
2000A	ENT03	Identification Code Qualifier	ID2	S				Hard code "FI"-TaxID	Translation
2000A	ENT04	Organization Identification Code	AN80	S				hard code sponsor's TaxID	HIPAA Required
2300A	*RMR*	*Organization Summary Remittance Detail*		*R*				Send multiple RMR loops if multiple contracts per premium receiver.	Processing Logic
2300A	RMR	**Organization Summary Remittance Detail**		R					
2300A	RMR01	Reference Identification Qualifier	ID3	R				hard code "1L"-group number, "IK"-invoice number	Translation
2300A	RMR02	Contract, Invoice, Account, Group, or Policy Number	AN30	R	AFRS-batch-trans	INV-NO		Need to obtain HMO's ID for sponsor's contract	HIPAA Required
2300A	RMR04	Detail Premium Payment Amount	R18	R	AFRS-batch-trans	TRANS-AMT			
2310A	*IT1*	*Summary Line Item*		*S*					
2310A	IT1	**Summary Line Item**		S					
2310A	IT101	Line Item Control Number	AN20	R				hard code "1"	Translation
2315A	*SLN*	*Member Count*		*S*					
2315A	SLN	**Member Count**		S					
2315A	SLN01	Line Item Control Number	AN20	R				hard code "1"	Translation
2315A	SLN03	Information Only Indicator	ID1	R				hard code "O"-information only	Translation
2315A	SLN04	Head Count	R15	R				Must get count of number of members	HIPAA Required

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2315A	SLN05	Unit or Basis for Measurement Code	ID2	R				hardcode "IE"-person	Translation
2320A	*ADX*	*Organization Summary Remittance Level Adjustment*		*S*					
2320A	ADX	**Organization Summary Remittance Level Adjustment**		**S**					
2000B	*ENT*	*Individual Remittance*		*S*					
2000B	ENT	**Individual Remittance**		**S**					
2000B	ENT01	Assigned Number	N06	R				Assign a sequence # for each individual in the transaction	Translation
2000B	ENT02	Entity Identifier Code	ID3	R				Hard code "2J"-individual details	Translation
2000B	ENT03	Identification Code Qualifier	ID2	R				Send "34" with SSN.	Translation
2000B	ENT04	Receiver's Individual Identifier	AN80	R				EIN or SSN required: does not apply for public health!	HIPAA Required
2100B	*NM1*	*Individual Name*		*S*					
2100B	NM1	**Individual Name**		**S**					
2100B	NM101	Entity Identifier Code	ID3	R				Hard code "EY"-employee	Translation
2100B	NM108	Identification Code Qualifier	ID2	S				Hard code "N"-insured's unique ID (DSHS PIC)	Translation
2100B	NM109	Individual Identifier	AN80	S				Get client's PIC (or other ID) from attachment.	Processing Logic
2300B	*RMR*	*Individual Premium Remittance Detail*		*S*					
2300B	RMR	**Individual Premium Remittance Detail**		**S**					
2300B	RMR01	Reference Identification Qualifier	ID3	R				Hard code "IK"-invoice number	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300B	RMR02	Insurance Remittance Reference Number	AN30	R				Policy # or invoice # is required	HIPAA Required
2300B	RMR04	Detail Premium Payment Amount	R18	R				This will be the HMO's; If adjusting a previous premium, this is the corrected premium amount.	HIPAA Required
2300B	RMR05	Billed Premium Amount	R18	S				Required if adjusting a previous premium, this is the previously-payed premium amount.	Translation
2300B	**DTM**	**Individual Coverage Period**		**S**					
2300B	DTM01	Date Time Qualifier	ID3	R				Hard code "582"	Translation
2300B	DTM06	Coverage Period	AN35	R				Get valid dates from attachment.	Translation
2320B	*ADX*	*Individual Premium Adjustment*		*S*					
2320B	**ADX**	**Individual Premium Adjustment**		**S**					
2320B	ADX01	Adjustment Amount	R18	R				If adjusting a previous premium, this is the different between the previously-payed premium amount and the corrected premium amount.	Translation
2320B	ADX02	Adjustment Reason Code	ID2	R				"52"-payer credit for previous overpayment, or "53"-remittance for previous underpayment	Translation
2320B	**SE**	**820 Trailer**		**R**					

Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)